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**County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

425 Shatto Place, Los Angeles, California 90020  
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**PHILIP L. BROWNING**  
Director

June 5, 2012

To: Supervisor Zev Yaroslavsky, Chairman  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

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From: Philip L. Browning, Director

**RESPONSE TO THE MAY 22, 2012 BOARD MOTION ON EMERGENCY RESPONSE  
COMMAND POST**

On May 22, 2012, the Board directed the Department of Children and Family Services (DCFS) to report back in two weeks on implementation plans to overhaul the Emergency Response Command Post (ERCP) operations and to ensure the safety of children as they await placement, including:

- I. A status update on the Auditor-Controller's recommendations set forth in early 2012;
- II. An assessment of the types of children who come into ERCP, clearly identifying their issues and needs that must be addressed, in order to quickly identify the appropriate level of services and placement options;
- III. The development of a dedicated case management unit to develop a case management methodology for high-risk, high-profile youth that includes conducting assessments and working with Regional Offices to develop case plans and track trends of migration in and out of ERCP;
- IV. The development and maintenance of a daily inventory of available placement options for detained children;
- V. Partnering with the Department of Mental Health to implement the recommendations outlined in the DMH ERCP Observations and Recommendations Report; and
- VI. Amending contracts with Group Homes; Foster Family Agencies and Licensed Foster Homes to include the stipulation that homes must remain available 24 hours per day, seven days per week, for placements.

The Board further directed the DCFS, in collaboration with the Departments of Mental Health (DMH), Health Services (DHS) and Public Health (DPH) to report back in 15 days with a recommendation and implementation plan and/or alternative options, if determined to be appropriate, that include the following:

*"To Enrich Lives Through Effective and Caring Service"*

- VII. How the youngest children currently sent to the ERCP can await placement in an alternative, safe, appropriate and therapeutic location where around-the-clock social support and placement services are available;
- VIII. Potential options to create an alternative, safe, appropriate and therapeutic waiting location for the older sub-set of children currently at the ERCP; and
- IX. Recommendations as to how to address overall challenges with placing the most difficult-to-place children.

**I. STATUS UPDATE ON THE AUDITOR CONTROLLER'S RECOMMENDATIONS SET FORTH IN EARLY 2012**

In July 2011, the Board directed the Auditor-Controller to conduct an audit of ERCP operations and to issue recommendations to address the issue of children awaiting placement at the ERCP in excess of 23 hours.

On February 29, 2012, the Auditor-Controller issued its final report containing 17 recommendations to correct deficiencies and improve operations at the ERCP across six broad categories. Throughout the course of the audit, DCFS agreed with the Auditor-Controller's forthcoming recommendations and had begun taking corrective actions to address them. A DCFS response, dated January 20, 2012, which was an attachment to the Auditor-Controller's February 29, 2012 final report, documented the department's progress in addressing the Auditor-Controller's forthcoming recommendations.

The following are the six broad categories identified by the Auditor-Controller in its February 29, 2012 final report, and a current status update addressing each:

**1. Lack of Placement-Time Tracking**

**Auditor-Controller's Finding:** DCFS does not track the total time children are waiting to be placed. Approximately 56% of children on the April 2011 log came from, or went to, a DCFS Regional Office. While the children may not be considered overstay at ERCP, they may be in DCFS custody for extended periods, waiting to be placed. For example, children could be held at a regional office during the day, taken to ERCP at night, and returned to the regional office the next morning to wait again. Four of ten children reviewed were transferred among various facilities for two or more days before they were placed. DCFS should develop a system to track the total time children spend in the department's custody.

**DCFS' January 20, 2012 Commitment:** To develop a department-wide, web-based electronic log to track the time that children spend at the ERCP; identifying those who are hard-to-place; and implementing the web-based log upon State approval.

**Current Status Update:** In December 2011, DCFS developed and launched a web-based log. The electronic ***Child Awaiting Placement Tracking System***, accessed through the DCFS intranet LAKids, is fully-implemented enabling daily technological data maintenance of the identities, ages, gender and other characteristics of children entering ERCP.

A close review of six months of data maintained, to date, is revealing the following trends, which merit closer analysis:

- a) The number of hours each child awaits placement at the ERCP, by age, gender and other characteristics, providing alerts at the 4-hour, 8-hour and 20-hour increments of the placement process;
- b) The specific areas countywide from which most child entries into ERCP are originating; specifically identifying when a child re-enters ERCP from a regional office;
- c) The most frequently-occurring reasons for entries; and
- d) The most-challenging barriers to placement efforts.

## **2. Incomplete ERCP Logs**

**Auditor-Controller's Finding:** ERCP tracks how long children are at the facility on hard copy and electronic logs. The logs can be used to identify overstay. However, ERCP shredded all hardcopy logs completed before January 2011 (reportedly because of storage issues), and some electronic logs were missing. In addition, the logs may not have included all children who were housed at the facility, and staff did not always complete all of the information in the logs. ERCP management should establish a retention policy for hardcopy and electronic logs, and require staff to keep the logs accordingly. ERCP should also instruct staff to record all required information on all children housed at ERCP on the logs, and monitor for compliance.

**DCFS' January 20, 2012 Commitment:** To issue a written policy for storing records and developing a web-based electronic log to track all children awaiting placement at the ERCP.

**Current Status Update:** On February 7, 2012, DCFS provided training to both ERCP secretarial and support staff on the existing departmental record retention policy, protocols and procedures for storing hard copies of the daily electronic web-based **Child Awaiting Placement Tracking** logs. ERCP secretarial and support staff are now in full-compliance with the record retention policy and all children entering and exiting ERCP are being properly recorded.

## **3. Lack of Documented Employee Background Clearances**

**Auditor-Controller's Finding:** County policy requires departments to obtain criminal background clearances on individuals they are considering hiring or promoting to sensitive positions, such as employment in the ERCP or other DCFS units. However, we could not determine whether DCFS had obtained background clearances for all ERCP group supervisors who supervise children in the unit, because DCFS did not keep supporting documentation. DCFS indicated that they hired the group supervisors before they started tracking background clearances in December 2011, and that some were promoted before DCFS started requiring clearances for promotions in October 2008. Because DCFS employees have contact with children, DCFS should ensure they have background clearances for all employees. However, County policy appears to limit when background clearances can be performed. We recommend that DCFS work with the Department of Human Resources (DHR) and Chief Executive Office (CEO) to resolve any policy issues and ensure they have obtained criminal clearances for all employees.

**DCFS' January 20, 2012 Commitment:** To work with the Department of Human Resources and the Chief Executive Office to resolve all policy issues related to obtaining criminal clearances on those DCFS employees who come into contact with children.

**Current Status Update:** On February 28, 2012, the Board directed DCFS to immediately begin live scanning all DCFS employees who have contact with children and who have not yet been live scanned. The first office DCFS selected for live scanning was the ERCP.

As of the end of February, of the 125 DCFS staff assigned to the ERCP, the job duties of 55 ERCP staff required that they be live scanned. As of May 31, 2012, of the 55 ERCP staff, the live scans of 44 (80%) ERCP staff have been completed. Of the remaining 11 (20%) ERCP staff, one (2%) ERCP staff has left County service and one (2%) ERCP staff is on medical leave. During the evening shifts between Monday, June 4, 2012 and Wednesday, June 6, 2012, the live scanning of the remaining 9 (16%) ERCP staff is scheduled for completion.

Departmentwide, as of the end of February, there were 1,928 DCFS employees whose job duties required that they be live scanned. As of May 31, 2012, the live scans of 1,429 (74.5%) DCFS employees have been completed. Of the 499 (25.5%) remaining DCFS employees, 10 (.001%) DCFS employees have left County service; 39 (2%) DCFS employees continue to be on medical leave; and 16 (.008%) DCFS employees were on vacation during the first round of regional office live scanning.

On May 4, 2011, a Departmental memorandum reminded Office Heads to ensure mandatory compliance with the Board-directed live scanning requirement. By July 31, 2012, completion of all required live scans, minus those with legitimate long-term absences, is projected department-wide.

#### **4. Difficulties Separating Children in ERCP**

**Auditor-Controller's Finding:** ERCP staff indicated that they need to separate various types of children (e.g. teen males and females, young children, children with behavior problems) to provide a safe and stable environment. However, ERCP's two children's rooms are connected by an unlocked laundry room. ERCP management should consider installing locks on the laundry room doors connecting the children's rooms. ERCP sometimes houses ten or more children at the same time some of whom may need to be separated. ERCP should consider using the additional space ERCP has in the building to expand the number of children's rooms, or moving ERCP to a different location.

**DCFS' January 20, 2012 Commitment:** To evaluate how to separate children, including moving facility to a new location or expanding the number of children's rooms; and ensuring that the laundry room remains closed.

**Current Status Update:** In February 2012, both DCFS ERCP and Property Management staff met with representatives of the Chief Executive Office Real Estate Division and architects to discuss a build-out plan. The goal was to expand the space for children awaiting placement at ERCP.

On March 14, 2012, two proposed plans were taken under advisement. Expansion costs have not been determined. Expansion planning remains on hold as consideration is now being given to moving a portion of the ERCP children's waiting room (for younger children) to a new location.

**5. Need for Additional Beds**

**Auditor-Controller's Finding:** ERCP does not always have enough beds for all children. ERCP has six fold-away beds, one crib and one playpen. As discussed earlier, ERCP sometimes houses ten or more children at night. ERCP staff indicated that older children have slept on padded benches, and toddlers/infants have slept in car seats when they did not have enough beds. ERCP management should ensure that they have additional beds and cribs available when needed.

**DCFS' January 20, 2012 Commitment:** To order four (4) additional beds and two (2) additional cribs.

**Current Status Update:** DCFS ordered and received the two (2) additional cribs. The order for four (4) additional beds remains on hold pending the decision to build out or move a portion of the ERCP children's waiting room (for younger children) to a new location.

**6. Safety Risks**

**Auditor-Controller's Finding:** The unlocked laundry room connecting ERCP's children's rooms has an un-enclosed water heater, washer, and dryer. These appliances could pose a safety risk. In addition, some snacks provided to children could cause allergic reactions in some children (i.e., peanuts). ERCP management should remove or enclose the water heater, washer, and dryer. ERCP should also dispose of all snacks with significant allergy risks, and stop ordering them in the future.

**DCFS' January 20, 2012 Commitment:** To enclose the water heater and other appliances with a locked sliding door; and dispose of all peanut-based snacks, never to order them again.

**Current Status Update:** In November 2011, during the course of the audit, the ERCP management had already disposed of all its peanut-based snacks.

On February 2, 2012, locking sliding glass doors were installed in front of the washing machine, dryer and water heater. To date, the sliding glass doors remain locked at all times, preventing any child from gaining access.

**II. ASSESSING TYPES OF ERCP CHILDREN TO IDENTIFY THEIR NEEDS,  
APPROPRIATE LEVEL OF SERVICES AND PLACEMENT OPTIONS;  
DEVELOPMENT OF DEDICATED CASE MANAGEMENT UNIT/METHODOLOGY**

DCFS' primary goals are to improve the safety, permanency and well-being/self-sufficiency outcomes of the 35,000 children currently under supervision. This requires appropriate health and mental health screening; the timely determination and linkage to the right

services/treatment; and the ensuring of adequate educational, workforce and social/emotional preparation for adulthood.

Meeting these expectations begins with organized data, regularly collected and analyzed, to determine the best service/treatment array that promotes healing and recovery from maltreatment/trauma; and builds key skills and capacity in both children and their parents or caregivers. Accordingly, taking the ***Child Awaiting Placement Tracking System*** a step further, DCFS developed the ***High-Risk Children Tracking System***.

### **High-Risk Children Tracking System**

DCFS developed the ***High-Risk Children Tracking System*** by integrating data from the web-based ERCP - ***Child Awaiting Placement Tracking System*** with other data, independently-maintained within six databases throughout the department – Structured Decision-Making (risk assessment); Psychiatric Hospitalizations; Current Placements: D-Rated or RCL 12/14 Group Home; Current Assignment: Runaway Outreach Unit; Current Assignment: Youth Permanency Unit; and/or a noted frequency of 3 or more replacements within the last 12 months. On May 23, 2012, following two months of planning and development, the ***High-Risk Children Tracking System*** “went live.”

While still in its early evolution, data produced from the ***High-Risk Children Tracking System*** has already proven valuable in proactively identifying those youth, among the 35,000 children currently under DCFS supervision, ranked most at-risk from both a medical and psychiatric perspective.

### **III. DEVELOPMENT OF A DEDICATED CASE MANAGEMENT UNIT TO DEVELOP A CASE MANAGEMENT METHODOLOGY FOR HIGH-RISK, HIGH-PROFILE YOUTH THAT INCLUDES CONDUCTING ASSESSMENTS AND WORKING WITH REGIONAL OFFICES TO DEVELOP CASE PLANS AND TRACK TRENDS OF MIGRATION IN AND OUT OF ERCP**

Acting immediately upon the compiled comprehensive profiles of each highest-risk youth identified through the ***High-Risk Children Tracking System***, DCFS launched the ***High-Risk Youth Case/Care Planning/Management Pilot***. The pilot entails the DCFS Medical Director lending his medical and psychiatric expertise to personally assessing the case/care plans for each identified highest-risk youth, in conjunction and consultation with the responsible Deputy Director and Regional Administrator assigned to the case; Resource Utilization Management and Revenue Enhancement managers. The purpose of the assessment, from a three-pronged medical, psychiatric and psychosocial perspective, is to determine the need for any additional and/or alternative screenings, services and supports; as well as, the appropriateness of the current placement for both the youth and his/her caretaker.

The DCFS Medical Director will then proceed to coordinate appropriate care services with the Departments of Health, Mental Health and Public Health respectively, based upon the outcome of the comprehensive analysis. As a follow-up, the responsible Deputy Director for each highest-risk youth will provide monthly reports to the DCFS Director on the progress of implementing each highest-risk youth's plan of care and quality of case management. The

outcome of the pilot and the volume of this evolving practice will inform the need for a dedicated case management/care coordination unit in the future.

#### IV. DEVELOP/MAINTAIN A DAILY INVENTORY OF AVAILABLE PLACEMENT OPTIONS

The DCFS ***Foster Care Search Engine***, designed to automate the identification of the most appropriate placements for children, includes the names and contact information for County-contracted foster care resources.

As of April 2012, the contracted foster care resources available to DCFS are: (1) State-licensed foster homes – 770 homes that include 2,029 beds; (2) State-licensed small family homes – 67 homes that include 87 beds; (3) State-licensed group homes – 81 group homes with 177 sites that include 2,493 beds. Of these, 140 sites that include 1,915 beds are located within Los Angeles County limits; and 37 sites that include 578 beds are located outside of Los Angeles County limits.

There are also 51 State-licensed, County-contracted Foster Family Agencies (FFA). Los Angeles County depends upon FFA self-reports to know the number of the certified homes, beds and vacancies within each. Following the correction of networking difficulties experienced early in 2012, all 51 contracted FFAs are projected to complete data entering their certified-home vacancies into the ***Foster Care Search Engine*** by June 2012. Furthermore, no later than June 2012, DCFS projects to resolve other internal technological challenges related to a limited number of data fields as well as to update contact information in the database.

#### V. IMPLEMENT RECOMMENDATIONS OUTLINED IN THE DMH ERCP OBSERVATIONS AND RECOMMENDATIONS REPORT

Throughout the years and particularly through the Katie A. lawsuit, the Departments of Children and Family Services and Mental Health have worked increasingly more collaboratively to integrate service delivery and expand the array of placement resources to improve mental health outcomes for children under DCFS supervision. The DMH ERCP Observations and Recommendations Report an example of the inter-agency collaboration that resulted from evenings that DMH staff spent in the ERCP during March 2012.

The recommendations in the DMH report focus on three aspects of ERCP operations -

- (1) Preventing placement failures;
- (2) Supporting new placement efforts; and
- (3) Improving supports while at the ERCP for both children and staff.

Some DMH recommendations can be implemented within existing resources. The implementation of others will require additional resources.

**DMH Recommendations (Within Existing Resources)**

1. ***Identify placement options prospectively to reduce time required to place youth who must be moved.*** DMH is expanding an existing centralized gate keeping function, which will enable making information about available RCL 14 and Community Treatment Facility group homes to DMH co-located Specialized Foster Care staff in DCFS Regional Offices. The co-located DMH staff can then engage in early teaming efforts with DCFS Children's Social Workers regarding all available mental health placements throughout Los Angeles County in order to minimize the time devoted to a placement search.

**STATUS:** The DMH centralized gate keeping function has been coordinated, providing up-to-date information regarding RCL 14 group home and Community Treatment Facility group home vacancies to DMH Specialized Foster Care staff co-located in DCFS Offices.

2. ***Streamline the RCL 14 group home admission process for youth coming into ERCP;***

**STATUS:** DMH has revised the existing RCL 14 group home admission protocol to provide emergency screenings and has already begun to implement the new procedure.

3. ***Involve existing mental health intensive treatment program clinicians*** (Full Service Partnership or Wraparound) in identifying and transitioning ERCP youth to appropriate community-based placements.

**STATUS:** The initial focus of this effort will be to work with DMH co-located staff, Wraparound and Full Service Partnership providers, along with DCFS ERCP and Regional Office staff to identify Wraparound and Full Service Partnership clients who are at risk of ERCP overstay and to implement a shared plan to address client needs in a way that minimizes the potential for youth to enter ERCP. This will require the development of shared protocol and training. DMH and DCFS anticipate full implementation within 9 to 12 months.

4. ***Train ERCP staff in:***

- a) The ***Shared Core Practice Model*** of service delivery, which is the skill-based framework for best practice standards that define how DCFS, Probation and DMH work together with children and families. The Model emphasizes skills related to child and family engagement and the establishment of trust-based relationships focusing on needs and strengths; and teaming with community partners; and
- b) Non-violent crisis intervention and suicide prevention/intervention, supported by ongoing coaching to enhance and maintain skill development.

**STATUS:** DMH will develop training curricula and provide the training regarding non-violent crisis intervention and suicide prevention/intervention to ERCP staff. DMH proposes that the Los Angeles Training Consortium provides the ongoing coaching

related to Shared Core Practice Model. DCFS and DMH will continue collaborating in this training and coaching effort, full implementation of which is projected within 6 to 9 months.

**DMH Recommendations (Outside Existing Resources)**

1. ***Establish a dedicated effort to preserve placements:***

DCFS and DMH are in discussions about how to reduce ERCP entries through a team approach that will avert placement disruptions before they occur. Under consideration is the use of existing DCFS Resource Utilization Management staff and existing DMH Psychiatric Mobile Response Team staff with an augmentation of new DMH staff, trained in mediation and conflict resolution; and knowledgeable in de-escalating volatile situations; and resolving acute crises involving emotionally-disturbed youth. The latter new staff can also mentor and coach foster families and group home staff in similar skills.

2. ***Build a seamless transition to a new placement with mental health involvement by placing a specialized mental health provider at ERCP:***

DCFS and DMH are currently discussing the scope of this project; the necessary funding; and the procurement method.

VI. **AMEND GROUP HOME, FOSTER FAMILY AGENCY AND LICENSED FOSTER HOME CONTRACTS TO REMAIN AVAILABLE 24 HOURS PER DAY, 7 DAYS PER WEEK**

On May 14, 2012, DCFS, the Department of Probation and California Community Care Licensing held a successful "Request for Statement of Qualifications" meeting, in part, to amend existing group home and foster family agency contracts with the stipulation of establishing availability 24 hours per day, 7 days per week. Many providers already have the extended intake capacity already in place. Others expressed interest in contract amendments. The amended contracts will be executed by September 30, 2012.

Of additional note is an existing stipulation within the current Group Home and Foster Family Agency Statement of Work. The stipulation requires that, prior to discharging a child, the Group Home or Foster Family Agency is to provide several levels of DCFS line and administrative management with a "Notice of Intent to Discharge." The "Notice of Intent to Discharge" must include the contractor's documented efforts, including mental health and/or law enforcement services, to stabilize the child's existing placement in advance of any anticipated replacement. In an effort to reduce placement disruptions and corresponding ERCP entries, DCFS is currently enhancing its tracking, monitoring and management of the "Notice of Intent to Discharge" process.

The contracted group home and foster family agency provider network has been an active partner with DCFS in support of addressing viable solutions to ERCP placement barriers. The combined impact of the forthcoming contract amendments, further expanding the 24 hours per day, 7 days per week intake capacity; the tighter departmental management of the contractor "Notice of Intent to Discharge" process; and the DCFS/DMH partnership to avert placement disruptions are projected to reduce ERCP entries.

VII. **HOW THE YOUNGEST CHILDREN CAN AWAIT PLACEMENT IN AN ALTERNATIVE, SAFE, THERAPEUTIC LOCATION, WITH AROUND-THE-CLOCK SOCIAL SUPPORT AND PLACEMENT SERVICES**

Beginning in November 2011, the Departments of Children and Family Services, Health Services and Dr. Astrid Heger began preliminary discussions about the use of the Children's Village at the LAC-USC Medical Center to serve as an assessment and waiting center for DCFS children brought to the ERCP. The Department of Health Services has unused space, formerly housing a daycare center, adjacent to the LAC-USC Medical Hub. With child-friendly space both indoors and outdoors, this space could be an ideal location to comfort very young children awaiting placement.

On May 29, 2012, DCFS, DHS, DMH, DPH and County Counsel met and established that DCFS could, in fact, utilize the space to operate a ***Child Awaiting Placement Center***, as an up-to 23-hour location exempt from licensing regulations. In this location, a child, ages birth to 10, could be comforted, nourished and closely supervised while concurrent multidisciplinary aggressive efforts are underway to locate an appropriate placement. Once the departments agreed upon the age limitation (up the 10<sup>th</sup> birthday), under continuing discussions are children's rights – the positive accommodation of sibling sets (that include children over age 10) and parenting minors with their babies. Completion of the necessary Memoranda of Understanding between DCFS and DMH are anticipated no later than September 2012.

On May 31, 2012, DCFS, DHS, DMH, and DPH met to continue discussions about an ideal service delivery model at the alternate location – including intake processes (with corresponding staffing configurations); concurrent multidisciplinary placement processes (with corresponding staffing configurations); and security (with necessary staffing). Analysis is in progress to determine and distinguish those staffing needs that would fall within and outside of existing resources. The primary goal of ideal service delivery planning is to guarantee, to the extent possible, appropriate placement success within the 23-hour threshold.

VIII. **POTENTIAL OPTIONS – ALTERNATIVE, SAFE, THERAPEUTIC WAITING LOCATION FOR THE OLDER SUB-SET OF ERCP YOUTH**

If the ***Child Awaiting Placement Center*** is established, then the plans to reconfigure the existing Children's rooms at the ERCP can proceed with a focus on older youth safety, security and comfort.

While a preliminary, conceptual discussion for an up-to-30-day alternative pediatric psychiatric assessment center for older youth has also begun, any such planning must be carefully-balanced with safeguards against recreating MacLaren Children's Center. As the Departments of Children and Family Services, Health Services, Public Health and Mental Health join to intensively case/care plan and manage the highest-risk DCFS youth identified by the ***High-Risk Children Tracking System***, "lessons learned" from the process will inform both the future need, if any, and the new paradigm for an alternative therapeutic waiting location for older youth.

**IX. RECOMMENDATIONS TO ADDRESS OVERALL CHALLENGES WITH PLACING THE MOST DIFFICULT-TO-PLACE CHILDREN**

**ERCP Task Force**

Shortly upon his permanent appointment in February 2012, DCFS Director Philip L. Browning assembled an inter-departmental Task Force to begin identifying inter-agency solutions to the ERCP placement barriers and children awaiting placement over 23 hours. The Task Force is comprised of representatives from the Departments of Children and Family Services, Probation, Health, Public Health, Mental Health, County Counsel and the Chief Executive Office.

The first general ERCP Task Force meeting took place on February 27, 2012. ERCP Task Force sub-committee meetings took place on May 29, 2012 and May 31, 2012. Much of the planning for the progress detailed throughout this report was accomplished at these meetings. The second general ERCP Task Force meeting is scheduled to take place on June 6, 2012.

Continued planning and implementation discussions during future ERCP Task Force meetings will include, but not be limited to the following:

1. Children Awaiting Placement Center – DCFS, DHS, DMH, DPH
2. Highest-Risk Youth Intensive Care Coordination - DCFS, Probation, DHS, DMH, DPH
3. DCFS/DMH Placement Failure Aversion Teams and ERCP Co-located Mental Health Provider – DCFS, DMH

**ERCP Strike Team**

In addition to a focus on external solutions, DCFS also turned its attention to internal solutions. Effective Monday, June 4, 2012, Director Browning temporarily transferred ERCP oversight to an experienced Administrative Deputy and Regional Administrator. This ERCP Strike Team will assume responsibility for the ERCP's daily operations and develop an operational plan with the goal of bringing forth the efficiencies and outcomes consistent with the Board of Supervisors' expectations and the Department's mission.

Utilizing the unique observations and recommendations from the ride-alongs of the entire DCFS Executive Team, which took place every evening between May 11, 2012 and May 24, 2012; in addition to input from ERCP social workers, supervisors, support staff and management, and in consultation with the Union, the Strike Team will identify placement procedure solutions; coordinate necessary staff training to assure adherence to applicable policies and procedures; and establish both a management and staffing configuration to support optimal ERCP operational efficiency.

Critical to the operational efficiency of the ERCP is the safety and security of both the children awaiting placement as well as the ERCP staff. ERCP handles referrals of suspected abuse and neglect that require immediate response. The ERCP is the only after-hours site where law enforcement delivers minors who may be chronic runaways, who may have been released from juvenile detention centers with no family available, or who may have been involved in

illegal activities, such as prostitution. The Strike Team will explore the feasibility of shelter placement resources through public-private partnerships, such as Children of the Night.

Finally, the Strike Team will design, develop and implement an **ERCP Assignment Tracking System**. This database will issue hotline referral assignments and track workloads for each ERCP staff electronically, eventually replacing the existing manual processes, instilling operational efficiency and accountability.

The projected completion date of the Strike Team's initial analysis and overall operational plan is within 30 days, by early July 2012. The Strike Team's plan will include, but not be limited to:

1. Completing live scans for required ERCP staff;
2. Further refining the **Child Awaiting Placement Tracking System**;
3. Improving/enhancing the **Foster Care Search Engine**;
4. Coordinating expanded Group Home/Foster Family Agency 24/7 intake capacity with tracking/monitoring "Notice of Intent" submissions; and
5. Finalizing ERCP Children's Room "build out" plans.

## **CONCLUSION**

The Department of Children and Family Services thanks the Los Angeles County Board of Supervisors for the heightened attention to the challenges facing the Emergency Response Command Post. While many of the strategies and actions detailed above were already in various stages of planning and progress, there is no question that the increased awareness brought forth by the Board of Supervisors supported the tighter and more urgent service integration of all affected County agencies in pursuit of viable and cutting-edge solutions.

We plan to provide an additional progress report on all of the above within 60 days. If you have any questions, please call me or your staff may call Aldo Marin, Manager, DCFS Board Relations Section, at (213) 351-5530.

PB:HB

c: Executive Officer, Board of Supervisors  
Chief Executive Officer  
County Counsel  
Department of Mental Health  
Department of Health Services  
Department of Public Health



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November 30, 2012

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1. How the youngest children currently sent to the ERCP can await placement in an alternative, safe and therapeutic location, where around-the-clock social support and placement services are available;
2. Potential options to create an alternative, safe and therapeutic waiting location for the older sub-set of children sent to the ERCP; and
3. Recommendations as to how to address overall challenges with placing the most difficult-to-place children.

This report is the fifth in a series of progress reports previously issued to your Board on June 5, 2012; June 25, 2012, July 26, 2012 and September 24, 2012. Within the few short months since May 2012, we are pleased to report that a variety of ERCP prevention, reduction and mitigation strategies, in various stages of planning and/or implementation and accomplished through effective partnerships with numerous County agencies and affiliates, have both stabilized and improved ERCP operations and enhanced the safety of children who await placement. While much progress has been made, additional work still lies ahead. The following details both categories.

### **Children's Welcome Center**

On July 16, 2012, the Children's Welcome Center ("the Center"), previously known as the Child Awaiting Placement Center adjacent to the LAC-USC Medical Hub, became operational. At the Center, the Department provides short-term care and supervision of younger children, up to age 10, in a separate, more comfortable facility as they await placement after hours and during weekends. In most cases, sibling sets that include both a child under age 10 and a child over age 10; as well as a teenage mother and her infant child are not separated based solely upon their ages. Therefore, under certain circumstances, a limited number of children over age 10 also await placement with their younger family members at the Center.

Since its July 16, 2012 opening through the end of October 2012, 739 children awaited placement at the Center, after hours and during weekends or holidays, as follows:

<b>Child Entry Origination</b>	<b>July 16-31</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>Grand Total</b>
Regional Offices	62	147	114	140	463 (63%)
ERCP	42	89	89	56	276 (37%)
<b>TOTAL</b>	<b>104</b>	<b>236</b>	<b>203</b>	<b>196</b>	<b>739</b>

Of the 739 children who entered the Center during the 3 ½ months between July 16, 2012 and October 31, 2012:

- 88% were between the ages of zero up to 9-years-old;
- 12% were between the ages of 10- to 19-years-old;
- 42% were placed within eight hours of entry; and
- 58% were placed from between 8 to 23 hours and 59 minutes of entry.

In August, one child awaited placement for over 24 hours as the department's efforts to secure a safe placement with a relative ultimately proved unsuccessful, culminating in the child's placement into a foster home. We are pleased, however, that throughout the months of September and October, no child awaited placement beyond 23 hours and 59 minutes, either at the Center or ERCP at Broadway.

On October 1, 2012, County Counsel met with personnel from the Departments of Children and Family Services, Health Services and Mental Health to resolve issues of consent for medical and mental health services for children entering the Center. They reached consensus that minimally-intrusive screenings can be provided by Health Services and Mental Health personnel. However, remedial care and forensic examinations will be provided to the extent that consent, court order or exigency permits. In the alternative, the pre-existing process for obtaining court orders for remedial care, which is being further modified to expedite court orders, will be pursued.

On November 8, 2012, Supervisor Gloria Molina and the Department of Children and Family Services were joined by approximately 160 guests and six local print and television media at the Grand Opening/Open House of the Children's Welcome Center, a partnership between the Department of Children and Family Services, Health Services, Mental Health, Public Health and the Violence Intervention Program. Following the opening pledge of allegiance by the Woodrow Wilson High School Junior ROTC, the Directors of Children and Family Services, Health Services, Mental Health, Public Health and the Violence Intervention Program each highlighted their shared recognition of the Center's value in the lives of the County's most vulnerable young children. Supervisor Molina emphasized the Board of Supervisors' commitment to ensuring that the Center was created and implemented quickly, especially given normal County timeframes. Dr. Astrid Heger's stories of children's experiences at the Center moved many in the audience to tears. The "East LA Stitchers" (TELAS) presented 31 beautiful hand-made quilts as keepsakes for children served at the Center. The Center's benefactor, Cornelia Funke, renowned author of children's books; a seven-year resident of Los Angeles County; and a former social worker herself, pleasantly surprised Social Workers in the audience with her pledge to donate a one-week "rest and relaxation" leave, without loss of pay, to four deserving social workers selected through peer nomination for their excellence. At the conclusion of the opening ceremony, the Center's staff welcomed guests for tours of the Center and provided information on services children receive during their stays.

On November 13, 2012, the Departments of Children and Family Services and Health Services recognized the need to gradually expand the Center's age eligibility to children ages 10, 11 and 12. Throughout the 10 months between January through October 2012, a total of 282 children, ages 10, 11 and 12, awaited their placements at the Emergency Response Command Post at Broadway. This computes to an average of 28.2 children per month or an average of one child per day. Determining that the impacts of adding the three ages to the Center's eligibility would be nominal, in the best interests of these adolescent children, the two Departments reached consensus on revising the existing Memorandum of Understanding, executed on September 10, 2012, to accommodate an expansion of the Center's age eligibility. The entries of 10- and 11-year-old children commenced on Monday, November 26, 2012. Given the need to analyze and accommodate corresponding staffing levels and issues of medical and mental health consent, it is projected that the entries of 12-year-old children can commence soon thereafter, but no later than the end of December 2012.

Throughout the start-up period, the Department is operating the Center utilizing existing line staff temporarily borrowed from Regional Operations and the Child Protection Hotline. Furthermore, for the provision of child care duties (e.g., feeding, bathing, changing diapers, monitoring children), the Department is covering the costs of utilizing Certified Nurse's Assistants (CNAs), who are either existing LAC+USC staff with pediatric experience working overtime; or hired on an on-call basis through LAC+USC's existing registry contract.

To permanently staff the Center accommodating children from birth to age 12, the Department of Children and Family Services requires seventeen (17) additional permanent staff, as follows: one (1) Assistant Regional Administrator; six (6) additional Supervising Children's Social Workers; four (4) Children's Social Workers; and six (6) Human Services Aides, which we will be requesting through the FY13-14 budget process. Furthermore, optimal child care staffing requires the addition of up to twenty (20) new "Group Supervisor" staff.

However, in order to perform the child care function in the most cost-efficient manner, the Department's fiscal staff completed a preliminary Prop A analysis, the results of which provided justification for the Department entering into a two-year, short-term Prop A-compliant contract. Throughout the short-term period of the Prop A-compliant contract, the Department will complete a Prop A-compliant Request for Proposals to solicit for the permanent contractor. In the short-term, through a Request for Quotations solicitation, the Department identified the Mexican American Opportunity Foundation (MAOF) to provide the Center's child development staffing. On October 17, 2012 and November 13, 2012, the Department requested an expedited review by the California Department of Social Services to approve a two-year Procurement by Negotiation contract with MAOF. If the State returns a favorable response, the Department will inform the Board of Supervisors of its intent to begin sole-source contract negotiations with MAOF. The sole-source contract with MAOF for the provision of child development staffing at the Center is projected to be executed no later than the end of January 2013.

### **Older Youth Solutions**

For the ten months between January and October 2012, a total of 1,693 children/youth, or 45% of all ERCP/CWC entries, were age 13 and older, as follows:

<b>Age 13 and Older</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug.</b>	<b>Sept.</b>	<b>Oct.</b>	<b>Total</b>
<b>Total</b>	148	170	162	154	215	163	192	150	181	158	1,693

Given the successes of the Children's Welcome Center, on October 2, 2012 and October 30, 2012, the Inter-Agency Emergency Response Command Post Task Force- Older Youth Solutions Subcommittee, chaired by the Department of Children and Family Services and including the Department of Mental Health; the Association of Community Human Services Agencies; State Community Care Licensing; the Children's Law Center; and the Western Center on Law and Poverty, met to explore a variety of options to divert the waits of older children/youth to a separate, more comfortable facility than ERCP at Broadway. Equally considered were the feasibility of the following four alternatives:

- (1) Utilizing the space designated within Edelman's Children's Court for Juvenile Court Shelter Care Services;
- (2) Establishing a contracted "Intake Receiving Center;"
- (3) Utilizing a cottage at MacLaren Children's Center; or
- (4) Building out the current space at ERCP at Broadway.

The following details progress in exploring each:

### **Court Shelter Care Space**

The child-friendly space designated for Juvenile Court Shelter Care Services is located at 201 Centre Plaza Drive, Monterey Park, CA 91754. The Court Shelter Care space is utilized from Monday through Friday, between the regular business hours of 8:15 a.m. and 4:30 p.m. by

children who are transported to court to await their dependency hearings. The interior space measures approximately 11,712 square feet; the exterior play area measures approximately 12,699 square feet. Already equipped for child safety and comfort with the necessary amenities, such as futons, tables, chairs, a television, computers, a kitchen area, bathrooms and a shower, the space allows an excellent opportunity to maximize the use of existing resources during after hours, weekends and holidays. Minor structural modifications that would enable the department to ensure the greater safety and security of older youth include:

- Rekeying the bathrooms, which staff are presently unable to open from outside if locked;
- Encasing the shower area to provide more privacy; and
- Building out a separate space for a youth to de-escalate from a crisis situation; and/or to enable staff to separate a youth awaiting the Psychiatric Mobile Response Team (PMRT).

The majority of staffing needs to cover operations would be achieved through the re-location of existing ERCP staff to the new facility. Group Supervisor IIs, who currently provide direct supervision of older youth plus existing security personnel would be transferred from the ERCP at Broadway to the new location. However, there would remain a need for an additional fourteen (14) permanent staff, as follows: four (4) Supervising Children's Social Workers and four (4) Children's Social Workers to adequately cover all shifts of the new location's staff supervision and intake functions; and six (6) additional Security Personnel to assure adequate safety, around-the-clock. To minimize the costs of security, a Prop A analysis would be conducted to determine the cost-effectiveness of contracting-out security services.

On September 10, 2012, the Department entered into discussions with the Presiding Judge of Dependency Court - the Honorable Judge Michael Nash; Supervising Judge - the Honorable Judge Margaret Henry; Dependency Court Administrators; representatives of the State Administrative Office of the Courts, the Children's Law Center and Los Angeles Dependency Lawyers. Inc., regarding the possible after-hours, weekend and holiday utilization of the space designated in Edelman's Children's Court's for Shelter Care Services. At that meeting, consensus was reached for the Department to submit an operational and staffing proposal to the Administrative Office of the Courts; and for County Counsel to explore code-related issues with the Administrative Office of the Courts.

On October 9, 2012, the Department submitted the requested draft operational and staffing plan to the Administrative Office of the Courts. On October 29, 2012, the Administrative Office of the Courts issued a response to County Counsel, pursuant to a cursory review of code application, reporting its preliminary recommendation to the Court that the proposed use first be discussed, in detail, and accepted by both the Court and the Administrative Office of the Courts, following which, given the complexity of the project, the County hire a licensed architect to prepare a complete code analysis. On November 15, 2012, the Administrative Office of the Courts issued a written response to the Board of Supervisors and Chief Executive Officer, denying the County's request citing "concerns relating to security of Court Exclusive-Use Area; extent of renovations to the building that would be required; conversion of the building to 24/7 use; and prospective increases in costs to the AOC for Shared Costs (as defined in the Joint Occupancy Agreement)." On November 29, 2012, Supervisor Gloria

Molina issued a written response to the Administrative Office of the Courts, refuting the basis of its denial of the County's proposal; and requesting reconsideration. The Department will report additional developments as they unfold.

#### Intake Receiving Center

Successfully implemented for over a decade in California counties such as Contra Costa, Monterey and San Mateo, the Intake Receiving Center (IRC) model of child welfare service delivery is designed to be an unlicensed, contracted facility in which, for up to 23 hours and 59 minutes, the quality of a child's transition between removal from his/her current home and placement/replacement into a more appropriate setting is improved. Children would receive short-term care and supervision, crisis support, case management and assessment services in a safe and therapeutic setting before they adjust to a completely new and unknown placement situation. Contracted IRC staff would decrease the trauma of removal while County Social Workers focus on securing the most appropriate placement or replacement for the child. It should be noted that, in 2003, a series of workgroup meetings to develop solutions to similar problems at the Emergency Response Command Post had produced a foundational document describing the IRC model, which supported the current exploration.

The key requirements of the IRC model are a safe, secure, and a child-friendly facility, with security, including the utilization of a magnetometer. The facility would be a minimum of 1,600 square feet – having the capacity to address the immediate needs of up to 12 children at a time; and include a kitchen with a dining area; two bathrooms with showers; laundry access; a clothes closet; a quiet room; a visitation room; and a secure room with CWS/CMS access reserved for Children's Social Workers to complete work. Operations would include linkage to systems of care, including a medical, mental health and substance use screening, as necessary; and linkage to a Medical Hub to allow children to receive medical care and/or forensic examinations in a timely manner. Contracted on-call staffing, trained in crisis stabilization, would be made available to address children's immediate needs. Ideally, there would be two IRCs – one to serve children ages 13 to 18+; and another to serve the population of AB 12 re-entry youth.

The actual cost of operating an Intake Receiving Center in Contra Costa County, with six (6) full-time staff and four (4) on-call child care workers is \$310,000 annually. Establishing an Intake Reception Center in Los Angeles County requires a formal solicitation and the identification of necessary funding. The Department has obtained the solicitation documents used by the other California counties, and is currently analyzing them to determine their applicability to a Los Angeles County solicitation and determining the length of time a similar solicitation process would take to replicate the IRC model in Los Angeles County.

#### Bungalows at MacLaren Children's Center

Newspaper articles as far back as the early 1940s evidence the placement of unattached children at MacLaren Children's Center, a temporary holding facility while a suitable placement was secured. However, in 1961, the Los Angeles County Probation Department began operating MacLaren Children's Center as a juvenile detention center for delinquent youth. In 1975, the Los Angeles County began operating MacLaren Children's Center as a State-licensed residential shelter care facility for children and youth under the age of 18. In March 2003, as a term of the Katie A. Settlement Agreement, Los Angeles County agreed to surrender its license for MacLaren Children's Center and not operate the building for the

residential care of children and youth under the age of 18. On October 22, 2012, the City of El Monte confirmed the absence of a current Conditional Use Permit for the property.

Situated on roughly ten acres of land, MacLaren Children's Center consists of a main two-story building which houses the DCFS El Monte Regional Office, the DCFS Training Section, and the Interagency Council on Child Abuse and Neglect. One wing also houses a satellite medical hub and a non-profit that provides child abuse prevention and early intervention services. There are nine smaller detached buildings, known as cottages; a larger separate building used for classrooms; and a small gym. While the classrooms are used by the Department's training section; the cottages are currently vacant; the gym is not utilized; and an empty swimming and wading pool sits behind a fence.

On October 5, 2012, the Department and County Counsel conducted a site tour of one of the vacant cottages to determine its suitability to provide a comfortable and a child-friendly environment for older youth to await placement for up to 23 hours and 59 minutes, after hours, during weekends and holidays. The approximately 3,000 square foot cottage has a central room that could house staff; a large bathroom with several toilets, sinks, and shower stalls; and ten (10) smaller dormitory style rooms (five on each side) for children and youth. Six of the dormitory rooms could accommodate multiple beds; and four could accommodate one bed each. When tested, the electricity and water were still working; and a cafeteria, across from the cottage, contained working kitchen appliances. The cottage, surrounded by well-manicured park-like landscaping, is adjacent to the medical hub, which has its own separate entrance and parking area. However, in the final analysis, the physical structures on the MacLaren Children's Center campus are so old that the extensive refurbishing required to ensure adequate safety and a child/youth-friendly environment, with appropriate amenities and adequate parking, seems cost-prohibitive.

#### Building Out the Emergency Response Command Post at Broadway

As mentioned in the previous report, on July 12, 2012, the Department's ERCP and Property Management staff met with representatives of the County's Chief Executive Office to continue space reconfiguration planning at the ERCP site at Broadway. Consensus was reached on one of two proposals to convert the conference room adjacent to the children's room into an additional, much larger children's room. The estimated build-out costs of the ERCP conference room and modifications to the children's room are \$106,084. The costs for additional furniture are estimated at \$7,100. The total for the two is \$113,184. Construction, from start to finish, would take approximately six to eight weeks. Given the outcomes of the above alternatives, this option is not being pursued at this time.

#### Emergency Response Command Post at Broadway

During the ten months between January and October 2012, 3,645 children and youth entered both the Children's Welcome Center and the ERCP at Broadway to await placement or replacement. Of these:

- 739 children (20%) entered the Children's Welcome Center (since its opening on July 16, 2012);
- 2,906 children/youth (80%) entered the ERCP at Broadway;
- 48% were newly-detained from their birth parents;
- 52% were on open cases, needing replacement.

The most-frequently cited placement challenges were:

- attempts to keep sibling sets together (41%);
- children's age (17.3%); and
- behavioral issues (16.6%).

Between its inception on August 15, 2012 and October 31, 2012, the Accelerated Placement Team efforts supported the placements of 814 children. The Accelerated Placement Team's efforts as well as the implementation of a structured and consistently-managed ERCP Intake Process contributed, in part, to an overall decline in the numbers of children on open cases entering ERCP; and to the complete elimination of "overstays" (children awaiting placement beyond 23 hours and 59 minutes) during the months of July, September and October 2012.

Effective October 10, 2012, to ensure both the safety of children and staff at ERCP, the Department's new Procedural Guide entitled "Conducting Safety Searches," which incorporates recommendations from County Counsel, Judicial Court Services, Dependency Court Judges and Union representatives, formalized a process to search youth entering ERCP for weapons and other contraband items. Before a youth, including a non-minor dependent, is transported to or enters ERCP on their own accord, he/she is informed that a safety search will be conducted. The safety search may include asking the youth to empty their pockets and/or backpack; and the use of a hand-held magnetometer, in accordance with best social work practice as well as state and federal legal requirements. The purpose of using a magnetometer is to detect and confiscate contraband in the least invasive manner possible. All safety searches are conducted by a security guard assigned to ERCP; and are conducted in a safe and respectful manner, in a private area where the search is not visible to other youth or staff, and in the presence of an ERCP staff member of the same gender as the youth. No search requires the removal or rearranging of any youth's clothing. The list of contraband items include, but are not limited to:

- Weapons, including guns, knives, brass knuckles;
- Items which may be used as weapons, including chains, laser penlights, handcuffs;
- Steel toe boots;
- Syringes; illegal drugs, drug paraphernalia;
- Cigarettes, matches, lighters;
- Narcotics, alcohol, pepper spray;
- Items harmful to health, safety and general welfare, including spray paint and razor blades.

If contraband is detected, the security guard will place the contraband in a sealed envelope marked with the time, date and description of the items; place the sealed envelope in a designated locked office file; and notify an ERCP Supervising Children's Social Worker or Assistant Regional Administrator. The ERCP Supervising Children's Social Worker or Assistant Regional Administrator will contact law enforcement when syringes, illegal drugs, drug paraphernalia and/or weapons are confiscated, asking for pick-up as soon as possible. If law enforcement decides to take the youth into custody, the Department will notify the youth's attorney.

ERCP staffing, both at the management and social work level, remain a challenge. Of ERCP's 101 budgeted Children's Social Worker items, 14% are vacant due, in part, to the necessity of recruiting staff willing to work during the graveyard/weekend shifts. Furthermore, aside from the one Assistant Regional Administrator recently transferred to ERCP, adequate management oversight for all shifts of this 24/7 operation requires an additional two Assistant Regional Administrators. As part of the forthcoming Departmental reorganization, the Department will determine and transfer the necessary number of management staffing to ensure appropriate oversight. Furthermore, as part of its Strategic Plan, the Department will determine and implement operational and resource efficiencies by completing a business process re-engineering of the Child Protection Hotline, Emergency Response Command Post and Emergency Response Operations.

### **Foster Care Search Engine**

Developed in 2002, the Foster Care Search Engine (FCSE) is a web-based application that provides the ability to search for vacant beds in Licensed Foster Family Homes, Group Homes and Foster Family Agency-certified Homes. The FCSE extracts information from the statewide Child Welfare Services/Case Management System (CWS/CMS) and interfaces with the Foster Family Agency Vacancy website to electronically incorporate vacancy statuses within Foster Family Agency-certified homes. The FCSE includes placement home search criteria, i.e., city, zip code, age range, gender, ethnicity, language, religion, school boundary, the child population licensed to be served, and home type. The FCSE also provides a placement home profile that includes licensing information, placement home characteristics and bed occupancy details.

In an effort to enhance the current FCSE, the Department recently entered a significant amount of data corrections to the above-mentioned information in CWS/CMS; and worked with contracted Foster Family Agencies to ensure continuous uploads of their new vacancy information into the Foster Family Agency Vacancy website. Furthermore, the department is working to ensure that staff enters placement and replacement data as well as changes to information about licensed facilities into the FCSE in a timely manner. Finally, the department aligned the terminology found in the "Technical Assistance Action Request" form (DCFS 280) with those found in CWS/CMS fields, thus improving the quality of data entered into CWS/CMS fields.

However, the current FCSE is incapable of providing real-time vacancy information. Its outdated Geographic Information System capabilities and Internet Mapping Service technologies require re-engineering to remedy design deficiencies, inadequate system interfaces and an inefficient CWS/CMS data transfer methodology that cannot update FCSE data in real time. On August 7, 2012, the department submitted an Advance Planning Document (APD) to the State seeking approval to develop a new Foster Care Search Engine with advance technology. On August 21, 2012, the State approved the APD request. The FCSE Statement of Work has been re-posted with revised minimum technical requirements to attract a larger pool of qualified candidates.

The new FCSE is envisioned to:

- Be capable of making placement reservations (hold a vacant bed in a home, pending placement);
- Be equipped with an enhanced geographic information system; search filters; and a placement home message board (providing departmental staff with the ability to record comments and vacancy status details);
- Enable care provider resource management (on-line real-time updates of home profile and bed utilization in Foster Family Homes, Small Family Homes, Foster Family Agency-certified Homes and Group Homes);
- Enable care provider on-line reporting of completed mandatory training; and
- Track Placement Home Evaluations.

Three workgroups are concurrently determining and refining FCSE procedures in preparation for a new FCSE:

- The DCFS 280 Automation Workgroup, comprised of various levels of departmental line, clerical and administrative staff, is reviewing and refining the application.
- The Population Served Data Mapping Workgroup, comprised of various levels of departmental line, clerical and administrative staff, has completed the data mapping between CWS/CMS and the DCFS 280.
- A Care Provider Workgroup, comprised of departmental staff and the Association of Community Human Services Agencies, is reviewing and refining the application module prototype.

In addition, the department plans to pursue funding for further FCSE technological enhancements through the County's Quality and Productivity Commission (QPC), which has expressed preliminary support for the matter. A draft Quality and Investment Fund Application will be submitted to the QPC in January, 2013 requesting \$100,000 to secure the services of a contractor with demonstrated skills in conception and development of mobile, web-based applications for use in mobile devices currently being piloted and slated for department wide release in 2013.

The QPC funding request is key in enabling the Department's staff, in 2013 and beyond, to remotely access critical resources via mobile devices in the field. Accordingly, the QPC funding request to develop the new FCSE and real-time automation from the field has several goals and objectives, including:

- Recruitment and hiring of a contract developer with demonstrated skills and experience with developing successful mobile applications;
- "Proof of Concept" development, providing a model for additional applications (casework activities, revenue enhancement, education issues, connecting families and children with health resources).
- Acquisition of required hardware to install the Windows 8 operating system platform to develop and test mobile applications.

The department anticipates the new FCSE to be operational by June 2013.

### **Emergency Wraparound Services**

In order to prevent placement disruptions and/or ERCP youth from entering higher levels of care in group homes, the Departments of Children and Family Services and Mental Health collaborated with Wraparound providers to develop an emergency/after-hours *Emergency Wraparound Service* protocol. Upon a child's/youth's entry into either the Children's Welcome Center or the ERCP at Broadway with urgent and intensive needs, his/her records are checked to confirm whether or not the child/youth has an active or suspended Wraparound case. If the child/youth is confirmed to be actively enrolled or on a suspended Wraparound case, an emergency response request to the responsible Wraparound provider agency results in the provider's emergency response, within three (3) hours, to the Children's Welcome Center or to ERCP at Broadway. Ensuing Emergency Wraparound Services consist of the Wraparound provider engaging the family, stabilizing the crisis, identifying safety issues and initiating a child and family team meeting within three (3) days. To date we have received approximately twelve (12) requests for an Emergency Wraparound response. The following is an example of a successful intervention.

In May 2012, a 9-year-old child's Children's Social Worker referred her for Wraparound services due to temper tantrums, angry outbursts, and defiant behaviors. Due to her severe tantrums and defiant behavior at her foster home, the child ended up at ERCP. The Emergency Wraparound Service protocol was activated. The Department established a safety plan and placed the child back with her mother under the condition that Wraparound would provide 24/7 supervision in the home. During this time, the child was demonstrating aggressive behavior, tantrums, and defiant behavior towards her mother. The child's mother was struggling as extended family members began interfering and mother was unable to distance herself from the drama. The Wraparound provider facilitated weekly Child and Family Team meetings to strengthen the family structure and to develop new coping skills. A Child and Family Specialist provided individual rehabilitative services twice per week to minimize the child's behaviors. A therapist assisted the child with her mental health goals and balancing her emotional journey. A parent partner provided the mother with parenting instruction to support her understanding of her own role in her child's life. In the beginning, the child struggled in school and would leave campus. Within months, the child made a remarkable turn-around and began performing exceptionally in school. However, the Child and Family Team observed that the child continued to act out at home. Since the mother was bi-polar, the Child and Family Team worked with the mother to ensure she was taking her medication consistently to assure she could maintain healthy boundaries with her extended family and utilize positive praise towards her child. As a result, in August, the child's two sisters were able to return home, which provided the mother with greater incentive to maintain her mental health. The families' transition home was very smooth since most structures were already implemented. By September 2012, the Child and Family Team reached consensus that the family had stabilized and, in October 2012, the Wraparound team was able to graduate the client from Wraparound services.

### **Temporary/Emergency Placement (4-Tiered Plan)**

ERCP is neither a placement nor can it shelter or house children/youth. Accordingly, another of the department's major ERCP prevention/reduction strategies is the development of the Four-Tiered System of Temporary/Emergency Placement Options for Older Youth ("the 4-Tiered Plan").

When a child/youth is unable to safely remain at home or in a placement, based upon the child's/youth's unique needs, the goal is to secure the most home-like setting possible, in the home of an approved relative or non-related extended family member, or in a State-licensed foster home; small family home; Foster Family Agency-certified home; or Group Home at any RCL level. In those instances when regional and/or Accelerated Placement Team placement efforts for a youth, either newly-detained or on an open case, prove unsuccessful in any of the above mentioned facilities; and/or the youth refuses placement, rather than risk an overstay at the ERCP, the 4-Tiered Plan incorporates use of the Child Assessment of Needs and Strengths (CANS) tool, an algorithm created by Dr. John Lyons based upon Los Angeles County's service delivery system, to objectively determine the most appropriate temporary/emergency, time-limited placement, with a corresponding, timely transition plan, determined by the Child and Family Team.

Each Tier of the 4-Tiered Plan will follow the Core Practice Model of service delivery. Foundational to the Core Practice Model is the formation of a Child and Family Team, which includes the youth, family, informal supports and service providers who will remain at the core of all efforts to engage, team, assess, plan, intervene, track and adapt strategies, interventions and the utilization of home-based services, to the extent possible and appropriate, with the goal of maintaining the child/youth at home or in the most home-like setting possible. The 4-Tiered PLAN includes the following temporary/emergency placements, either already in existence or being developed, as follows:

**TIER ONE:** Emergency Shelter Care Foster Homes and Emergency Shelter Care Group Homes – There are fifty-two (52) Emergency Shelter Care (ESC) beds currently operational throughout the county. Four (4) ESC providers have expressed a willingness to develop an additional twenty-four (24) beds in 2013. For all ESC group and foster home beds, Wraparound providers have agreed to voluntarily accept these cases and provide the same services under their existing Wraparound contract, even though the cases may not meet usual program referral requirements (i.e., must have a permanent caregiver and/or a placement plan in a foster home or setting other than a group home). A protocol has been developed to ensure a Wraparound provider accepts the case within one day and that a Child and Family Team meeting occurs within three days of placement. The Wraparound provider will coordinate the Child and Family Team to include the Children's Social Worker. The Wraparound Plan of Care will be completed in conjunction with the team to identify the child and family's strengths/needs, the services and supports to meet needs, and the on-going placement plan. Clarification on the provision of one-to-one behavioral aide services for children has also been completed and plans are underway to increase access to such services. One-to-one services can be accessed through Therapeutic Behavioral Services (TBS) and the Wraparound program. Additionally, development of a formalized process to access one-to-one services outside of TBS and Wraparound is currently under exploration.

**TIER TWO:** 30-Day Assessment Services - In collaboration with agency providers, the Department of Mental Health and the Association of Community and Human Services Agencies, the Department developed an Assessment Services Model for older youth. Service delivery for children placed in the Assessment Services Emergency Shelter

Care Group Home will be the Wraparound Services and Plans of Care outlined under Tier One above. However, a specialized mental health assessment, in accordance with Core Practice Model, termed a "MAT-like" assessment, will also be completed for these children by the service provider. Once the selection of the service providers is finalized, the Department of Mental Health will begin working with them to finalize the development and the necessary plans for completion of the MAT-like assessments. This Assessment Services Model was shared with currently-contracted (Residential Classification Level 12) group home providers to inquire about their interest in developing these services. Four agencies have submitted statements of interest to provide assessment services. One provider is already providing assessment services for the Probation Department; therefore, we anticipate referrals may be made to this agency by mid-December 2012. The remaining three providers will be working with the California Department of Social Services Community Care Licensing Division to amend their Program Statements so that they too may be approved to provide these services. We anticipate that referrals can commence to these three agencies by the end of January 2013.

**TIER THREE:** Community Treatment Facilities – There are currently two Community Treatment Facilities in Los Angeles County – Star View Children and Family Services and Vista Del Mar, with a combined total capacity of 64 beds. Created as an alternative to out-of-state placement and state hospitalization for children, Community Treatment Facilities also include an additional non-DCFS-contracted lock-down unit. Acceptance of referred youth to a Community Treatment Facility bed is contingent upon a DMH Screening process.

**TIER FOUR:** Acute Psychiatric Hospitalization – When the DMH-PMRT determines that a child/youth meets the criteria to be a danger to self, others or property, the child/youth may be involuntarily contained for 72 hours in the most restrictive level of care.

#### **High Risk Youth Database and Pilot**

A third major ERCP prevention/reduction strategy is the High-Risk Youth Database and Pilot. Since the last report, the Department's High-Risk Youth Database was further augmented to include two additional risk factors. Accordingly, as of November 15, 2012, the Department's High-Risk Youth Database ranked the 34,965 children under DCFS supervision according to **ten (10)** risk factors. The risk-ranking methodology appropriates greater weight to higher frequencies of certain risk factors, assigning each child a score of 0 to 11; with 11 being the highest risk. The ten risk factors are:

- (1) Frequency of ERCP entries within the last seven months
- (2) Frequency of replacements within the last 12 months
- (3) Frequency of psychiatric hospitalizations within the last 12 months
- (4) At-risk of crossover into delinquency status
- (5) 241.1 crossover into delinquency status
- (6) Assigned Structured Decision Making Risk – "Very High" or "High"
- (7) Current Assignment – Runaway Outreach Unit
- (8) Current Assignment – Youth Permanency Unit
- (9) Current Placement – D-Rate Home; RCL 12 Group Home; RCL 14 Group Home
- (10) Pregnant or Parenting Youth

As of November 15, 2012, of the 34,965 children under the Department's supervision,

- 29,185 (83.4%) rank between "0" and "2";
- 5,617 (16%) rank between "3" and "6";
- 163 (<1%) rank between "7" and "11"  
(see table below)

RISK SCORE	NUMBER OF CHILDREN
0	2,946
1	11,719
2	14,520
3	3,823
4	1,055
5	500
6	239
7	99
8	51
9	10
10	3
11	0
<b>TOTAL</b>	<b>34,965</b>

The Department's Medical Director is leading high-risk youth case conferences for each youth who ranks between "7" and "11". High-risk case conferences occur at a frequency of three to four per week. The purpose of a high-risk case conference is to comprehensively gather relevant information. For 100% of all pilot cases, the Medical Director provides a clinical assessment, diagnostic and medication recommendations; explores former and relative caregivers and non-related extended family members as potential placements; evaluates the efficacy of the current array of services; employs high-level administrative interventions, as necessary, to expedite the delivery of any additional stabilization services; and identifies intervention needs, not within the current service array available to this population.

The high-risk case assessment is conducted consistently based upon a core practice model questionnaire that assesses:

- Whether the high-risk youth's family is fully involved and engaged;
- Whether relevant and important information has been gathered to accurately identify the high-risk youth's **underlying** needs;
- Whether interventions have been planned based upon the high-risk youth's strengths and preferences; and
- Whether DCFS has effectively collaborated with partnering agencies and communities in the child's best interest.

Between June and October 2012, a total of 52 high-risk youth cases were reviewed. Of those youth reviewed, the case of one youth was terminated; 3 youth have been stable in placement for 7-12 months; 24 youth have been stable in placement for 2-6 months; and 24 youth have

been stable in placement for one month or less. The majority of high-risk youth reviewed to date reside in group homes (45%), or in the community (34%) in their home of parent, non-related extended family member, relative, Supervised Independent Living Program home, foster or D-Rate home. The rest of the youth in the pilot (21%) are currently in shelter care, Juvenile Hall or are AWOL.

The following are examples of cases reviewed to date:

A 14-year old youth who ranked "7" for risk factors including a history of 12 group home placements; 15 psychiatric hospitalizations; and delinquent behavior resulting in incarceration, was comprehensively reviewed in June 2012. Following his case conference, the youth was placed with his parent, connected with Wraparound and Therapeutic Behavioral Services. Following a history of refusal to consent to treatment, the youth began engaging in therapy, became medication-compliant as prescribed, attends high school and is now participating in extracurricular activities arranged by the Wraparound team. Since the youth's parent continues to struggle with homelessness, the Wraparound provider is paying for the parent and the youth to live in a hotel. Due to the parent's mental health challenges, frequent conflicts between the youth and his parent sometimes manifests in the youth's reluctance to attend school. Nevertheless, the youth has neither been re-hospitalized nor re-arrested and has remained with his parent since his release from Juvenile Hall. The youth's current ranking is a "6."

A 16-year old pregnant youth who ranked "7" for risk factors including a history of 9 previous placements; one ERCP entry and chronic runaway behavior, was comprehensively reviewed in July 2012. While the youth was receiving Wraparound services in a home with a foster parent experienced in serving pregnant and parenting teens, she received a citation for assaulting a peer at school. In August 2012, the youth AWOLed from placement. Prior to her return to the foster home, at the youth's request, she was temporarily placed in shelter care. At this time, the youth remains stable both at school and in the same foster home, where she awaits the birth of her baby later this month. Unfortunately, the youth's AWOL episode plus the addition of the "at-risk for crossover" risk factor to the High-Risk Youth Database increased this youth's ranking to "9.5."

A 6-year-old child, who ranked "8" for risk factors including a history of 10 prior placements, including a D-Rate and Group Home placement, was comprehensively reviewed in November 2012. While this very young child's behavior had been stabilized in the Group Home following his connection to Therapeutic Behavioral Services, psychiatric services and individual therapy in June, as a result of the High-Risk case conference, the child is being moved to a lower level of care, to an Intensive Treatment Foster Care Home; he will be visiting with his siblings and his long-term goal is now adoption with his siblings. The child's current ranking is "7.5."

The success of the high-risk youth pilot will be measured by the degree to which it:

- (1) Reduced ERCP entries for the subject youth; and
- (2) Increased placement stability/permanency for the subject youth.

A Departmental team of research experts are currently analyzing the 10 risk indicators to determine whether the emerging scores are sensitive enough to identify the department's highest-risk children as well as to measure their progress. The outcome of this analysis will determine those risk factors that we will continue using and the weighting for each for the duration of the High-Risk Youth project. Every effort is being made to develop a system that, if deemed successful, its procedures and best practices will be institutionalized as a "way of doing business" department-wide, through the Child Welfare Mental Health Division. Given the expansion of the High-Risk youth census with the addition of the two risk factors and the analysis of risk factors currently underway, completion of the High-Risk Youth Project is anticipated by the end of June 2013.

#### **DMH Consultations with Group Home Providers**

As part of the Department of Mental Health's recommendations to improve child safety at ERCP, between August and October 2012, the Department of Mental Health conducted initial consultations with the Group Homes that have had the greatest need for Psychiatric Mobile Response Team support and has reviewed their policies and procedures regarding responding to youth who are threatening or aggressive or who express an intention to harm themselves. The Department of Mental Health will also be setting up a series of trainings for other Group Home providers to improve the quality of their response to children and youth who pose more serious emotional or behavioral challenges. These training are projected for completion by February 2013.

#### **DMH and DCFS Disruption Crisis Mobile Response Teams**

As part of the Department of Mental Health's recommendations to improve child safety at ERCP, DMH is requesting permission from the Chief Executive Office to hire two Psychiatric Social Worker II positions on ordinance items for the Psychiatric Mobile Response Team to serve as Crisis Mobile Response personnel who could be deployed to intervene in those instances where emotional and behavioral problems may be threatening the stability of a child's placement. These response efforts would include participation by the DCFS Children's Social Workers whenever possible and would help to defuse crises, provide support for caregivers and children, and assure that needed services and supports are in place to reduce the risk of ERCP involvement. The Psychiatric Social Workers will provide after hours (3:00 p.m. – 11:00 p.m.) crisis intervention to children who are involved with the Department of Children and Family Services in Service Areas 3 and 6, areas with the highest call volume for mobile crisis services for DCFS-involved children. The positions will provide crisis counseling, follow-up, and linkage services for the clients to assure coordinated care with DCFS, DMH co-located clinicians and the DMH System of Care. The positions will also provide consultation to foster parents, residential facility staff, and DCFS on strategies to stabilize children in crisis in an effort to avoid multiple residential/foster placements. Recruitment efforts will be underway upon approval from Chief Executive Office, which is projected by mid-December. These staff members will be integrated into the DMH Emergency Outreach Bureau. The Department of Mental Health's request for two Psychiatric Social Worker II items is included in the department's FY 2013-2014 Budget Request to address the long-term solution. This effort will be used to determine needed structures, policies, and practices, and resources that would be needed to expand the effort countywide.

DMH is also exploring the feasibility of using Mental Health Services Act (MHSA) Prudent Reserve dollars associated with the Children's Field Capable Clinical Services program to conduct a pilot effort of the Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) elements of the Katie A. State Case Settlement Agreement. The pilot project would involve selection of a small number of children's mental health providers who would be available to respond quickly in those instances where children with intensive service needs and without service already in place were experiencing sudden placement changes. The target population, for example, might include children being released from psychiatric hospitals and children at risk of ERCP overstay.

#### **DMH and DCFS Training and Coaching**

As part of the DMH's recommendations to improve child safety at ERCP, DMH has already provided the following series of trainings:

- **June 13 and 20, 2012:** Two suicide prevention/intervention trainings for ERCP staff. Ongoing trainings are scheduled to take place until the end of the year.
- **August 30, 2013, September 13, 2012, October 22, 2012 and October 31, 2012:** Core Practice Model training for Violence Intervention Program Community Mental Health Center staff who provide mental health services at the Children's Welcome Center.
- **September 12, 2012:** "Coaching" for ERCP Supervising Children's Social Workers and Administrators, focusing on:
  1. Overcoming client resistance and how to better engage families.
  2. The impact of trauma on children and families, and secondary trauma that child welfare staff frequently experience after dealing with child abuse case over a prolonged period of time.
  3. Helping children and families deal with the trauma of placement or re-placement; and how supervisors and managers can help staff cope with vicarious trauma and compassion fatigue.

Future topics for ERCP managers will include how to help supervisors increase their staff's critical thinking skills, how rapport building and rapid engagement creates an avenue to gain more insight and get additional information that will lead to more informed safety plans and decisions. DMH has also scheduled a series of Core Practice Model trainings for mental health providers, scheduled to begin in February 2013

#### **DMH Training For Intensive Mental Health Service Providers**

DMH is in the process of reviewing and commenting on the draft California Department of Health Care Services Intensive Care Coordination/Intensive Home-Based Services Documentation and Claiming Manual. Once this manual is finalized, DMH will use the manual to train mental health providers in these services. The initial cohort for training will be those providers who are selected to participate in the Intensive Field Capable Clinical Services pilot project, which will be linked to the Children's Welcoming Center, the ERCP, Exodus Urgent Care Center, and the Psychiatric Hospital Discharge Planning process.

### **Wraparound Program Re-Design**

The department is currently pursuing a redesign of the Wraparound Program. Currently, Wraparound services are provided as follows:

- **Tier I:** \$4,184 per month - For children who have been adjudicated as a dependent of the juvenile court or at risk of placement in an RCL 10 or above GH, or within 30 days of returning to the community from an RCL 10 or above GH placement;
- **Tier II:** \$1,250 per month - For children with an open DCFS case who qualify for full Medi-Cal and have an identified intensive mental health need causing impairment at school, at home or in the community.

As part of the Wraparound Program re-design, the department is moving from the existing two-tiered monthly case rate to a single monthly Wraparound case rate for Medi-Cal-eligible children. This new single case rate structure is intended to ensure a more uniform service response, streamlined documentation and procedures, clarity of service expectations and to add emphasis on the contractor's utilization of Medi-Cal funds for Wraparound based upon mental health services to the child and family. Furthermore, it offers a mechanism to provide Wraparound services to non-Medi-Cal-eligible children. The projected implementation of the redesigned Wraparound Program is May 2014.

### **CONCLUSION**

In May 2012, the Board of Supervisors identified an overhaul of the Department's Emergency Response Command Post as an emergent need. Through the various initiatives and strategies detailed throughout this report, a significant momentum of progress to address the challenges, both internal and external to the department that have continued to evolve since the closure of MacLaren Children's Center in 2003, is underway. Once an alternative location to ERCP at Broadway is established to comfort older children as they await placement after hours and during the weekends and holidays, the Department will consider the first phase of its ERCP stabilization strategies completed and resolve to continue its work related to each of the various initiatives and strategies detailed above.

On October 14, 2008, the Board approved the Katie A. Strategic Plan, a single comprehensive and overarching vision of the current and planned delivery of mental health services to children under supervision and at risk of entering the child welfare system. It has become abundantly evident that resolving our challenges at ERCP is not an endeavor separate and apart from implementing the Katie A. Strategic plan or other similar initiatives. As a result, increasing specialized placement capacity and service resources; implementing the Shared Core Practice Model; and assuring the efficacy of contracted services align with many of the initiatives and strategies detailed above and have been incorporated as objectives within the department's Strategic Plan.

We thank the Los Angeles County Board of Supervisors for the heightened attention to the challenges facing the Emergency Response Command Post. Heightened awareness brought forth by the Board of Supervisors supported the tighter and more urgent service integration of all affected County agencies in pursuit of viable and cutting-edge solutions. We further thank each of the members of the Inter-Agency Emergency Response Command Post Task Force,

which include representatives of the Chief Executive Office, County Counsel, all affected County agencies, the Association of Community Human Services Agencies, SEIU Local 721, the Children's Law Center, the Commission for Children and Families, Community Care Licensing and the California Department of Social Services, for their expertise and genuine partnership, without which accomplishing much of the aforementioned progress would not have been possible. Following the sixth Inter-Agency Emergency Response Command Post Task Force meeting, which will take place on Tuesday, January 22, 2012, the Department intends to issue the fifth ERCP progress report to the Board, *no later than the end of February 2013*.

If you have any questions, please call me or your staff may call Aldo Marin, Manager, DCFS Board Relations Section, at (213) 351-5530.

PLB:HB

c: Executive Officer, Board of Supervisors  
Chief Executive Officer  
County Counsel  
Department of Mental Health  
Department of Health Services  
Department of Public Health  
Probation Department